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Original Communications.

CASE OF CÆSAREAN SECTION—MOTHER AND CHILD BOTH SAVED.

By WM. WARREN GREENE, M.D., Professor of Surgery in Berkshire Medical College, the Medical School of Maine, and in the University of Michigan.

On the 20th of August, 1867, I was called in consultation to see Mrs. B., aged 28, in her first labor, which began twenty-six hours previous to my arrival. Her physician, Dr. D. N. Emery, now of San Francisco, then spending the summer in Western Massachusetts, informed me that his patient had a pelvic deformity, which he feared would render delivery impossible, and he had for this reason called counsel. Upon examination, I found the antero-posterior diameter of the superior strait less than two inches.*

Her pains were strong and frequent, and she began to exhibit marked symptoms of exhaustion, to which her consciousness of peril contributed not a little. The child was very active *in utero*. Upon explaining to herself and friends the probable impossibility of delivery *per vaginam*, and that even were there a bare chance of success by evisceration, she would, in her exhausted condition, incur greater risk from the operation under such circumstances than from abdominal section, the latter operation was assented to.

The case was so urgent as to admit of no delay, and we were therefore obliged to proceed with less assistance than I could have desired. We were, however, fortunate in having the aid of Mr. Lewis Le Berne, of New York, a medical student, who happened to be in the neighborhood—a very intelligent and efficient man—and in addition we had the services of two of the most efficient ladies it has ever fallen to my lot to meet in the lying-in room—calm, self-possessed and intelligent.

The patient took a full dose of fluid extract of ergot with a little brandy, after which ether was administered. When under its

influence, she was placed on a table, in the ordinary position for ovariotomy. I now, standing at her right, and while the abdomen was carefully supported on either side by assistants, with a common scalpel made an incision in the median line from a little above the umbilicus nearly to the pubes, which was soon carried through the abdominal walls and the uterus exposed. This organ was then incised from the fundus downward about six inches, the knife being used very cautiously until the cavity was opened and the *liquor amnii* evacuated. On carrying my right hand into the uterus, I readily seized the feet (which were on the left side, it being a vertex presentation), and with little delay extracted the body, but some difficulty was experienced in delivering the head, occasioned by the powerful and unremitting uterine contractions, intensified, as I suppose, by the ergot. This, however, was soon accomplished, and the little fellow—a boy of eight pounds—cried lustily. Without waiting to sever the cord, an assistant supporting the child, I again introduced the hand in search of the placenta. This was attached on the left side about midway between the neck and fundus, and about one third of it was detached. The remainder was readily separated, but its extraction, which was soon accomplished, with the membranes, was by no means an easy task. I had not anticipated so powerful muscular action in an organ thus mutilated.

There was considerable hæmorrhage during the delivery, but not sufficient to cause any serious apprehension, and it ceased at once upon the removal of the placenta, the edges of the uterine wound being nicely approximated by the contractions of that organ. Unquestionably the ergot had fulfilled the indication for which it was given, namely, to control hæmorrhage and secure apposition of the cut edges by its action upon the uterine muscular fibres.

After carefully cleansing the parts with sponges dipped in water at blood-heat, and then thoroughly moistening them with artificial serum at the same temperature, the external wound was closed by interrupted

* She had rachitis severely when a child.

sutures placed half an inch apart, and including the entire thickness of the parietes except the peritoneum. These were of silk soaked in boiling wax, as we had no silver wire at hand, a fact that caused me not a little anxiety at the time, although I may say, not only from its use in this but in many other instances, that smooth, well-twisted silk sutures thus prepared approximate very closely in value to those of silver.

The abdomen, which had been unremittingly supported by the hands, was now enveloped in a firm bandage, and the woman put in bed well covered, and dry heat applied to the extremities, which were rather cool. They soon became warm, however, and as soon as she could swallow she got twenty-five drops of fluid extract of ergot and half a grain of morphia. After the effect of the ether had passed away, the pulse was over 100 and rather feeble. Countenance pale, with that peculiar expression which indicates a marked shock. She was rather restless and *wakeful*. She now got morphia and brandy, with beef-juice, and from 5, P.M., till 3, A.M., she took one grain of morphia and *one quart* of brandy. (This amount of morphia in addition to the half grain which she took at 5 o'clock, just after the operation.) Just after 3, A.M., she fell into a quiet sleep, which lasted five hours, from which she awoke in excellent condition.

The treatment now instituted was perfect quiet; anodynes *pro re nata*, ten drops of fluid extract of ergot and twenty-five drops of tincture of muriate of iron every four hours, the two alternating—the former to be omitted in forty-eight hours and the latter to be continued, if borne by the stomach, until the external wound was healed.

The farther history of the case contains nothing of special interest. The external wound healed throughout by first intention. A moderate peritonitis followed, but not sufficient at any time to require *heroic* doses of opium. The iron was well borne throughout, and the lochial discharge occurred and continued as after an ordinary case of labor.

In a letter dated Aug. 30th (tenth day after the operation), Dr. Emery says:—"Have just returned from Oak Hill, and am happy to report Mrs. B. in fine condition. I have removed the last stitch. There is very little fullness or tenderness of the bowels." The mother and child are now in excellent health.

Too much praise cannot be bestowed upon physician and nurses for the skilful

and careful after-treatment of this case, and especially to Mr. Berne, who hardly left the bed-side for a week after the operation.

Before closing this paper, I cannot forbear saying a word about that old-fashioned and somewhat homely remedy, the muriated tincture of iron. While all members of the profession admit its virtue as a restorative hæmastic in some degree, yet I believe very few are aware with what *rapidity* and *certainly* it increases the plasticity of the blood. Why the difference I do not know, but I feel very sure that no other chalybeate preparation is to be compared with it for this purpose. Given for a time previous to, or immediately after, operations, as a prophylactic against erysipelas, phlebitis, ulceration, secondary hæmorrhage, &c., it is invaluable. But it must be borne in mind that for a decided and rapid impression, *large* doses are requisite, or smaller ones given very frequently; and these doses are usually well borne if care is taken to *dilute* and *sweeten* it thoroughly. It can thus be made for a patient a little thirsty a comparatively pleasant drink. My friend Prof. E. Andrews, of Chicago, some years ago called the attention of the profession to these facts, and it gives me pleasure to corroborate his views and statements from my own experience.

Pittsfield, Mass., Nov. 5, 1867.

APHASIA, WITH LESION OF THIRD LEFT FRONTAL CONVOLUTION.

By ROBERT T. EDES, M.D., Hingham.

Mrs. T., æt. 81, had a sudden paralytic attack in September, 1865. She was not entirely unconscious. Her face was not paralyzed, but the right arm and leg were slightly so. There was great difficulty in swallowing, and entire loss of speech. Her writing (with the right hand) was as if all m's or i's, and spelt nothing. As she got better, she was able to sew and knit, and she said "yes" and "no," "wia" for Sophia, and something like "ucy" for either Lucy or Susan.

A slight attack took place in December, 1866, followed by a second severe one in January, 1867, when the right side, except the face, was entirely paralyzed. From this she recovered sufficiently to walk out of doors alone. Two slight attacks occurred in August and November, 1867, and a last and fatal one on Dec. 19th, 1867. When I saw her at that time, she had had some difficulty of breathing and gave no indication of consciousness, though I believe she did be-

fore her death, which took place on Dec. 31st. The family think that she understood what was said to her, and what was going on around her. They considered her as of sound mind, though she sometimes appeared bewildered, and occasionally did rather strange things, which she would not have done in her normal condition. She sometimes confused "yes" and "no," the only two words she was capable of pronouncing intelligibly.

Autopsy, twelve hours after death. Nothing special about calvaria or dura mater. The inner membranes distended with serum, perhaps two or three ounces. Convolutions over whole surface much atrophied, standing apart from each other, with wide sulci. The first abnormal appearance (except atrophy) was on the left side of the cerebrum, at about the end of the fissure of Sylvius, just behind the posterior termination of the third frontal convolution. It was a cavity as large as the end of the finger, and a quarter or half an inch deep, lined with a toughish yellow-brown material. On slicing the brain, this cavity was found to be part of an alteration extending, at a depth of from a quarter to half an inch below the surface, further forward than externally, so that it involved the posterior end of the third frontal convolution, though on the surface this was apparently sound. The amount of the convolution in question involved was, as to gross appearances, quite small, extending anteriorly not more, probably, than half an inch from the little cavity first mentioned. A space of an inch and a half long by one half or three quarters of an inch wide, on the outer wall of the left lateral ventricle, presented a brownish translucent appearance and softness to the touch. This was a continuation of the before-mentioned lesion, and seemed to involve the posterior portion of the corpus striatum. The whole altered substance was somewhat, but not much, softer than the surrounding tissue, except the lining of the cavity first mentioned, which was tough and membraniform.

A second altered portion, less carefully examined, owing to its being at first overlooked, was contained in the posterior lobe of the same hemisphere at the end of the posterior cornu of the lateral ventricle, and consisted of two portions—the posterior as large as a walnut, soft and reddish gray, the white substance broken down, so that the gray matter at the bottoms of the sulci projected into the cavity, like the hippocampus into the middle cornu of the ventricle; the other consisting, apparently, of

blood infiltrated from the vessels of the pia mater into the gray and partly into the white matter. The bright-red stains were surrounded with a yellowish color. There was no solid clot. The middle cerebral artery, on the left side, contained a long, white coagulum. No other abnormal appearance in the brain was observed, except a general softening. Thorax and abdomen not examined.

Microscopic.—Anterior Softening (third frontal).—Large numbers of granular corpuscles accompanying bloodvessels in rows. The granular borders of the bloodvessels appear to consist of a formation of separate corpuscles in the outer coat, as they are very close to the contents of the vessels, and yet do not usually (though sometimes) replace the walls by a granular mass.

Posterior Softening.—Broken down nerve-tubes; granular corpuscles; a little blood. No crystals of hæmatoidine. Red portion very soft, and incapable of being hardened in chromic acid, but the somewhat thick sections obtained were made sufficiently transparent to show that the blood was not, as was supposed, extravasated, but still contained in the congested vessels.

A large number of bodies in a state of fatty degeneration were observed, which showed the formation of some at least of the so-called "inflammation corpuscles." First, there were many cerebral cells, clearly recognized by their peculiar triangular form and their processes, but looking much more solid and dark than healthy cells. Then others, with more or less of the processes remaining, but becoming oval instead of triangular; and finally the simple oval or round "inflammation corpuscles."* No fatty degeneration of nerve-tubes nor, in this place, of vessels, observed.

INTRODUCTION OF MEDICINES INTO THE SYSTEM BY THE MUCOUS MEMBRANE OF THE NASAL FOSSÆ.

By M. RAMBERT, Physician to the Hospitals of Chateaudun.

[Translated from the *Journal de Chimie Médicale*, for the Boston Medical and Surgical Journal, by FRANCIS H. BROWN, M.D.]

The *Gazette des Hôpitaux* has just published a paper which is of interest retrospectively considered; it treats of the medical use of errhines, medicines which are also known as sternutatories, and which have long been

* This observation corresponds with another made in a case of softening of the cerebellum, where cells having the dark and granular appearance of "inflammation corpuscles" were unequivocally shown by their peculiar shape to be the large cells situated just external to the "rust-colored layer."

employed in diseases of the nasal fossæ, whatever might be their character.

MM. Mèrat and Delens, in their excellent *Dictionnaire Universel de Matière Médicale et de Thérapeutique*, have suggested the use of this means of medication, which has not been employed in our day.

M. Rambert relates the method he has employed for their application. We believe it to be a duty to publish his account, which is very interesting as a matter of therapeutics.

The pituitary membrane, as a means of absorption and introduction of remedies into the economy, has been of late completely abandoned. The object aimed at in acting on this membrane appears to have been to stimulate, or excite and provoke sneezing; whence the name *sternutatories*, given to remedies, simple or compound, which have been introduced under the form of powders into the nasal fossæ.

Salivation, which I have observed several times, after the use, for several days, as a topical application in *ozæna*, of powders containing calomel and other mercurials, while showing me with what facility the pituitary membrane absorbs, suggested to me the idea of returning to this method of absorption in the painful affections of the head and the diseases of the eyes.

The experiments which I have made and the observations which I have collected are not as yet very numerous, and I should not have published them before having completed my undertaking, had I not seen in No. 71 of the *Gazette des Hôpitaux* (June 18, 1867) an intimation by Dr. Noël Guéneau de Mussy of a fact in close relation with researches which I have conducted for more than six months.

This is the result of my observations:—

I.—M. M., 30 years of age, had been troubled for some days by an influenza, with coryza. On the 16th of January, he experienced an extremely severe pain in the left infra-orbital nerve; it continued for twenty-four hours, and increased on the approach of sleep and on awakening.

As no difficulty existed in inhaling by the nasal fossæ, I prescribed powdered mallow one gramme, morphia five centigrammes. To take a pinch of this powder every two or three hours. In the evening the distress had been relieved; the patient passed a good night, and in the morning, on awakening, all pain had disappeared.

II.—The 25th of January, a woman, 64 years of age, was admitted to the hospital for a severe bronchitis, which necessitated the application of a large blister between

the shoulders. In the early part of February, and when convalescent, this woman was attacked by active and continued cephalalgia. This pain not yielding to mustard foot-baths, on the 5th of February I caused her to use the following mixture:—Powdered sugar two grammes, hydrochlorate of morphia five centigrammes. The next day the pain had diminished; the third day it had entirely ceased. Some days later, as the pain had returned, the same prescription caused it to disappear finally.

III.—A girl of 18 years, admitted to hospital for chlorosis, complained of severe pains in the head; they showed themselves in sharp twinges, and recurred especially in the afternoon. On the 8th of February, at the same time with chalybeates, I prescribed of powdered sugar two grammes, hydrochlorate of morphia five centigrammes, to be taken every third hour in the morning and every second hour in the afternoon. The next day slight diminution of the pain; the doses were given more frequently (every hour), and the relief became more marked; but it was not till the end of six days that the neuralgic pains were sufficiently relieved, so that I could hope for their complete disappearance by the use of iron.

IV.—The 10th of February I was called to attend Miss E., 76 years of age. She had been attacked by an influenza, accompanied by coryza, so light, however, as not to obstruct the nasal fossæ. This patient, who was also rheumatic, complained of lancinating pains in the whole right side of the head, with noises in the ears. The pains also occurred on the left side, but to a less degree. Powdered sugar two grammes, morphia ten centigrammes—to be taken every two hours. On the 11th, the pain had disappeared; the noise in the ears alone remained.

V.—S., a farmer, 62 years old, had experienced a neuralgic pain in the right side of the inferior maxilla for some months. It had manifested itself in the teeth, the gums, in the lower and right side of the tongue, and had recurred at frequent intervals. He had lost several teeth, without any benefit. The painful points of the gums and the neighboring mucous membrane, forming the roof of the mouth and the side of the tongue, were lightly touched with nitrate of silver. After a momentary relief, the pains returned and persisted. They did not yield to a blister, applied behind the right ear. The 24th of February, I caused him to take every hour or every two hours the mixture of powdered sugar and morphia, in the dose of two grammes of the former and ten cen-

tigrammes of the latter. The remission and diminution of the pains was very marked. The patient found himself sufficiently relieved not to make use of a new blister, which I had proposed to sprinkle with morphia.

I learned subsequently, from the pharmacist, that the patient obtained the same mixture of him from time to time, showing that if he was not entirely cured, he was always relieved by it.

VI.—B., 19 years old, employed in a fancy goods shop, had suffered since the middle of March from a diurnal neuralgia, which attacked the left side of the inferior maxilla, in which several molar teeth were carious. Towards the end of the month, I advised him to use a mixture of five grammes of pulverized sugar and five centigrammes of morphia. He received no benefit from this treatment. The second of February (?) I changed the proportions of this powder, and caused him to take, by each nostril, twice in the middle of the day and twice in the evening, a pinch of two grammes of powdered sugar and ten centigrammes of morphia. The pain disappeared and did not return.

I could probably largely increase the number of cases more or less completely successful under this method of treatment, had all the patients to whom I advised it returned to report the result; but most of those residing in the country have not come under my observation a second time.

My first experiments failed of entire success, because I employed the powder containing too feeble doses of the morphia—five grammes of sugar and five centigrammes of morphia. Little by little I diminished the quantity of sugar to one gramme to five centigrammes of morphia. This proportion appeared to me the most suitable. I have, however, seen it fail in a case of double temporo-maxillary neuralgia, which yielded to blisters powdered with morphia. Successive or frequently repeated doses, as in the Case No. VI., appear to me preferable to those taken only at intervals of two or three hours.

The limit to which I have restricted myself thus far can be greatly enlarged. The pain of irido-choroiditis, photophobia, &c., are, I think, amenable to narcotic preparations, introduced by the pituitary membrane. In fact, other remedies can be employed in the same manner; among others certain mercurial preparations and the iodide of potassium, the presence of which I have ascertained in the urine, after having taken fifty centigrammes, with sugar, in the space of two hours.

ON THE USE OF PHOSPHATE OF SODA IN SMALL DOSES.

By S. G. WEBBER, M.D., Boston.

AFTER reading an article on the use of phosphate of soda in small doses, by Dr. Stephenson, in the *Edinburgh Medical Journal* for October, 1867—referred to in the last volume of this JOURNAL, page 357—I determined to test its efficacy. The following cases confirm Dr. Stephenson's opinion of its value.

CASE I.—Nov. 4th. A child, nine mos. old, fed from a bottle, was said to have dysentery. The mother said it had had thirty to forty stools in twenty-four hours. The passages were described as green and slimy, with streaks of blood. None had been saved for examination. Domestic remedies of an astringent nature had been used by the parents, and the number of passages was reduced to about twenty in twenty-four hours. Lime-water and milk, with a pinch of phosphate of soda to each bottle of food, were prescribed.

Nov. 5th.—The stools were of the natural color, and scarcely more frequent than in health. I subsequently learned that the child entirely recovered, without other treatment.

CASE II.—Nov. 25. A girl, nearly 1½ year old, had the first signs of diarrhoea on the 24th inst. Stools were very frequent; pain in the abdomen severe, partially relieved by pressure. Tinct. rhei and tinct. opii camph., in small doses, were used. In the evening, the passages became green, and, on Nov. 26th, the phosphate was prescribed, a pinch to be put in each portion of food. No other medicine was given.

Nov. 27th.—The stools were yellow and fewer in number. In the evening, rhubarb and opium were given, and another dose on the morning of the 28th. After this date, the stools were natural.

CASE III.—A friend mentioned that his child, not quite a year old, was troubled with constipation, the stools being very hard and white. I suggested the use of the phosphate, and after a few doses the passages became normal in color and rather less consistent than natural; indeed, diarrhoea supervened, though that was ascribed to a slight deterioration in the quality of the milk, and quickly disappeared.

I have no doubt that the first case recovered sooner under the use of the salt than it would have done if left to the efforts of nature, or to the action of domestic remedies. The second case was growing worse instead of better, and the improvement al-

most immediately followed the use of the salt. The change in the color and the consistence of the stools in the third case, also, occurred almost immediately after the use of the phosphate.

CASE OF LARYNGOTOMY.

By WILLIAM B. REYNOLDS, Post Surgeon, St. Augustine, Florida.

DURING the late rebellion, a case of laryngotomy, of very great interest, came under my notice. The necessities of the case rendered it unique, and thinking that it might be a valuable hint to some one hereafter, I have taken the liberty to send you a simple outline of it.

A soldier was brought into the Division Hospital in front of Petersburg, wounded in the neck. The ball entered just in front of the sterno-cleido-mastoid muscle upon the right side, and passed directly across. It cut its way through the right side of the larynx, just below the thyroid cartilage, and, penetrating the left wall, was lodged there. Soon after receiving the wound, he was brought to the hospital, and the diagnosis was readily made. Dr. J. D. Lyman, without administering chloroform, proceeded to operate. He cut down upon the ball, and at the moment of grasping it with the forceps, it slipped backwards and passed down the trachea. The patient at once was seized with all the symptoms of immediate suffocation. The face became purple and the veins of the neck stood out like whipcords, and, with the gasping, spasmodic breathing, gave evidence that there must be immediate relief or death. Enlarging the opening, he introduced a pair of forceps, and succeeded in grasping the ball at the bifurcation of the trachea.

Had it not been for the coolness of the surgeon under the circumstances, death must have speedily ensued.

I must here speak a word in memory of the surgeon. No more noble man ever drew sword for his country; and our profession suffered a severe loss when the gallant Lieut.-Col. J. D. Lyman met his instantaneous death at Fort Fisher.

DISLOCATION OF THE CLAVICLE.

DOVER, N. H., Jan. 29th, 1868.

DR. D. W. CHEEVER,—I have been reading "Surgical Cases in 1867," by yourself, and was interested in the account of two cases of dislocation of the acromial extremity of the clavicle. I had a similar case last September, and was completely successful—

having no deformity whatever. At the time of the accident, or when I first saw the case, the outer extremity was drawn upwards by the trapezius muscle. Dressings—two strips of adhesive plaster two inches in width and three feet in length, and a roller bandage two inches in width and one inch in diameter, firmly rolled. The forearm was placed upon the chest, and the extremity of one strip of adhesive plaster was attached to it just below the elbow; the plaster was allowed to run up the outside of the arm to its upper third, and then gradually brought in front of the head of the humerus. On arriving at the top of the shoulder, traction was made upwards to elevate the limb, and while thus elevated the plaster was allowed to run down the back. This strip kept the shoulder elevated.

The extremity of the second strip was applied to the small of the back, and was allowed to run upwards to the extremity of the clavicle, which was dislocated, and which was drawn upward by the trapezius. I then placed the roller in the hollow behind the extremity of the clavicle, and allowed the strip of plaster to run over the roller. Sufficient traction was now made to bring the clavicle downwards and forwards in its proper place, or, in other words, until all deformity was removed, and this traction over the roller was maintained by allowing the plaster to run down the front of the thorax. The plasters were moistened with ol. terebinth, and did not yield for ten days. I renewed the dressings three times, and removed them altogether four weeks after the accident. The patient was a carpenter, and has labored hard ever since. There is no deformity at this time. The hand was kept in a sling.

I am, Sir, very respectfully, your obedient servant,
J. R. HAM, M.D.

In New York there are 18,582 tenement houses. The largest number in one ward is 2,400, in the Eleventh Ward. The Sanitary Superintendent reports that 9,846, or 52 per cent., are in a condition detrimental to health. The degree of their unfitness for habitations is quite varied. The buildings are bad in themselves from want of proper ventilation, want of proper means of egress, and of anything like proper closet facilities. As a means of ventilation, it is proposed to leave open the present stair-well, and to place the stairs in a tower in the courtyard, each story of the house to be connected with it by a proper bridge.—*Medical Gazette*.

Hospital Reports.

BOSTON CITY HOSPITAL.

Reported by F. C. ROPES, M.D., Surgeon to Out-patients.

Three Cases of Dislocation of the Humerus.

CASE I.—(Service of Dr. HOMANS.) Margaret B.—Four days before entrance fell down stairs, producing, as was supposed, contusions of the left shoulder and ankle. She had long been subject to rheumatic arthritis. On her admission to the hospital the shoulder was greatly swelled and ecchymosed; and although it was not possible at this time to give a positive diagnosis, it was thought that neither fracture nor dislocation existed. Rest and an evaporating lotion were prescribed. As soon as the swelling subsided it was discovered that there was a dislocation of the humerus downwards; but the patient could move her arm freely, and even touch her head with her left hand.

Ether was administered and an unsuccessful attempt made by Dr. Homans to reduce the dislocation by means of the foot in the axilla; during which operation some adhesions gave way with an audible snap. Attempts at reduction were made in different directions; and, finally, extension on the arm at right angles to the body, which was firmly held. The force of six persons was here employed, and the reduction safely accomplished. Arm bound to side.

Nov. 25. Patient comfortable. Arm in good position. Trifling swelling.

Dec. 3. Head of bone slightly displaced downwards. A pad was placed in axilla, and elbow supported. Wasting of deltoid noticed.

25th.—Deltoid muscle very much wasted, so that head of bone appears partially dislocated downwards.

Jan. 19.—Patient is still in Hospital, and is gradually gaining the use of the limb, and doing light work.

REMARKS.—The extreme degree of wasting of the deltoid in this case is remarkable, and can hardly be accounted for by disease alone, though that cause undoubtedly operated. It is possible that the undue degree of tension brought to bear on the muscle during the time in which the dislocation remained unreduced, and also the great amount of force necessarily employed in reduction, may have induced atrophy, through injury to branches of the circumflex nerve.

CASE II.—(Service of Dr. CHEEVER.) D. B., æt. 55. Dec. 16, 1867. Last evening

stumbled on the sidewalk, and, in attempting to save himself from falling, dislocated his left shoulder, downwards. He also sustained a contusion about the face, with injury to one eye. Patient was etherized and the dislocation readily reduced. A pad was placed in the axilla, the arm fastened to the side, and elbow supported by straps to opposite shoulder.

27th.—Good position. Slight grating is noticed on moving humerus.

Jan. 19, 1868.—Is doing well, and is up and dressed. Passive motion has been employed, and patient is regaining the use of the arm.

CASE III.—(Service of Dr. CHEEVER.) Jan. 16, 1868.—One hour before admission fell on the ice, while going to his work, and produced a sub-coracoid dislocation of the right humerus. He states that he fell directly on his right shoulder. Was etherized, and the reduction performed by Dr. Cheever, by means of the foot in the axilla.

19th.—Still in the house, doing well.

REMARKS.—In this case no fracture was detected, though one would naturally suspect its existence, from the history of the case, which was that of a direct blow on the shoulder, and not of a dislocation of the shoulder from a fall on the hand. Some surgeons of large experience* doubt the occurrence of dislocation of the humerus, uncomplicated with fracture, when caused by direct violence. But, it must be remembered that a fall on the shoulder is not quite the same thing as a direct blow on the part; and also that the patient's story is, of course, open to some question.

In this connection it may not be out of place to notice briefly a case of simultaneous sub-coracoid dislocation of both humeri, occurring at the London Hospital, and reported in the *Medical Times and Gazette* for Oct. 19, 1867, apparently produced by the sudden and powerful action of the pectorales and latissimi, under circumstances favorable to dislocation. It appears that the patient was standing somewhat insecurely on a cart, with both arms extended, and holding himself in this position by a firm grasp of some part of the cart or load, with each hand. Suddenly losing his foothold, he exerted himself to avoid falling, and thus called into powerful action the pectoralis major and latissimus dorsi of each side. The combined action of these muscles tends usually to bring the arm to the side; but if the arms be extended at right angles to the body, it is plain that their

* The late Dr. J. Mason Warren.

contraction will tend powerfully to dislocation downwards; this tendency being resisted only by the ligamentous tissues about the joint. Singularly enough, the man received no surgical treatment until 13 weeks after the accident, when he applied at the London Hospital. There were then noticed the characteristic prominence of the acromion, and the flattening of the deltoid. The head of each humerus also could be felt in the axilla. Ever since the accident, the man had been doing as much work as he could, and when he came under observation, had a remarkably good use of both arms. The elbows could be brought pretty accurately to the sides, but the arms could not be folded. The patient declared, however, that he was daily acquiring increased freedom of motion.

Under these circumstances, the question of the propriety of any active attempts at reduction became a doubtful one. On the one hand was the possibility of accomplishing the reduction and of completely restoring to the patient the use of his arms. On other, were the following considerations: 1st. The present deformity was not great, and was not much regarded by the patient. 2d. The arms could be used quite freely, and were daily gaining in power of motion. 3d. In all probability, the glenoid cavity was partially filled up, and altered in shape; so that, if the bone were replaced, it would be liable, at least for a long time, to repeated dislocation. 4th. The head of the bone had probably formed a sort of new socket, and had become firmly fixed in its new situation, so that a very great amount of force would be required to dislodge it; and such force could not be employed without risk to neighboring tissues, e. g. vessels and nerves, and without setting up, perhaps, a very dangerous degree of inflammation. Under the circumstances, therefore, Mr. Couper, in whose practice the case occurred, determined to make a very moderate attempt at reduction, thus giving the patient a chance of restoration of the normal relations of parts, and doing no harm, in the event of failure. As was expected, no effect was produced by the force which it was thought proper to employ, neither did any unpleasant consequence follow the operation. The patient was again seen some two months afterwards, and appeared to have nearly as good use of his arms as other people.

One point in this case deserves especial notice in connection with the first case reported in this paper, viz., the absence of atrophy of the deltoid. It is difficult to account for this great dissimilarity; but the

fact that in the case of double dislocation the dislocation was *inwards*—sub-coracoid; whereas, in the other, it was *downwards*, may, to some extent, account for the difference in the effect produced on the deltoid. In a dislocation *inwards*, the deltoid is not put so forcibly on the stretch as in a dislocation downwards. Moreover, in the first case, there was a good deal of local injury to the shoulder, causing ecchymosis; whereas, in the other, there was no such history, and the dislocations were not produced by direct violence.

MASSACHUSETTS GENERAL HOSPITAL.

Surgical Operations for the weeks ending Jan. 25th and Feb. 1st. Reported by C. B. PORTER, M.D.

1. *Amputation of Leg.* Dr. S. CABOT.—This man, about eight months before, had had his foot crushed, 'although no bones were broken. Gangrene of the great toe followed, and the line of demarcation being distinct, the toe was amputated and the head of the metatarsal bone removed. The resulting wound did well and had nearly healed, when he was attacked with phlegmonous erysipelas of the foot and leg. Numerous openings were made for the discharge of pus, and he seemed for a time to do well; but his strength and appetite commenced to fail and he had chills. Upon consultation it was decided that amputation would afford him his only chance of life, and it was performed at the junction of the middle and lower thirds by lateral skin flaps. Upon examination all the joints of the foot and ankle were found extensively diseased.

2. *Tumor of Jaw.* Dr. H. J. BIGELOW.—This tumor, of three months duration, in a man aged 63 years, was situated just in front of the anterior edge of the masseter, on the under surface of the jaw; it was the size of a hen's egg, and protruded into the mouth. It was adherent to the bone, but not to the skin. There was family history leading to the suspicion of cancer, his father and brother having had "cancer" of the face and his mother "cancer" of the breast. The glands were not involved. A curved incision was made over the tumor, and upon dissection a cyst was opened, which discharged quite a clear fluid that deposited a puriform sediment. No disease of the bone was detected, and the origin of the disease remained obscure.

3. *Tumor of Breast.* Dr. S. CABOT.—This patient was a strong Irishwoman, aged 40 years. The tumor, of three months duration, was in the right breast, just below

the nipple, which was but little retracted. There were several nodules of the disease in the skin above the nipple. Recently there had been considerable pain. No enlargement of the glands. The tumor with the diseased portion of the skin was excised, and on section proved to be scirrhus.

4. *Tumor of Cheek.* Dr. H. J. BIGELOW. This tumor had existed for seven years, appearing at first just below the zygoma on the right side. Three weeks prior to the operation it had become inflamed, red and painful and increased rapidly in size, and had become soft and fluctuating, evidently from its history and appearance a suppurating wen, as Dr. Bigelow remarked before operation. The sac was dissected out.

5. *Fistulae of Back.* Dr. H. G. CLARK. —This man eight months previous had had a large vascular tumor removed from the back, just below the inferior angle of the right scapula. The tumor had been the seat of inflammation, and was somewhat consolidated. The wound healed quite rapidly, with the exception of two small fistulae which remained. Upon examination, no diseased bone could be found, and no other cause could be assigned for the fistulae than that the constant motion of the scapula had interfered with their union. The sinuses were laid open and the wounds stuffed with lint.

6. *Plastic of Nose.* By Dr. H. J. BIGELOW. —A part of the pedicle was removed from a new nose, which was the result of a previous rhinoplastic operation.

7. *Perineal Section.* By Dr. S. CABOT. —This man had been troubled with strictures for fifteen months, following gonorrhoea. There were three strictures—one near the meatus, another two and a half inches from this, and a third in the membranous portion of the urethra. This last was the cause of his trouble. A small capillary bougie only could be introduced. Numerous false passages had been made previous to his entrance to the hospital. After etherization, a grooved staff was introduced, following the bougie, as was supposed, into the bladder. After cutting down upon the instrument, it was ascertained that it had entered one of the false passages, and was separated from the bougie by a thin wall. The staff was therefore withdrawn, and the stricture divided upon the bougie. A No. 10 catheter was introduced into the bladder and left.

8. *Fistulae in Ano and Hemorrhoids.* By Dr. H. J. BIGELOW. —Abscesses in the right ischio-rectal fossa, six months previous, had resulted in fistulous openings communicat-

ing with the rectum, complicated by external hemorrhoids. The sinuses were laid open, and one large hemorrhoid excised.

9. *Abscess of Hand.* By Dr. S. CABOT. —This man, thirteen days before, had an eczematous eruption break out on his hand behind the fingers, followed by a large abscess on the back of the hand. The pus had passed under the posterior annular ligament, and was burrowing up the arm. A long, straight incision was made the whole length of the abscess, and the cavity of the abscess stuffed with lint wet in the solution of perchloride of iron.

10. *Nævus.* By Dr. H. J. BIGELOW. —This patient was a child, with a small congenital nævus over the left eye, just opposite the supra-orbital foramen. It had been increasing rapidly of late. It was tied by a double ligature.

11. *Fistula in Ano.* By Dr. S. CABOT. —This fistula was very near the margin of the anus, and was the result of an abscess three months before. The whole fistulous track was dissected out, and the edges of the resulting wound drawn together by deep sutures.

12. *Vascular Tumor of Arm.* By Dr. H. J. BIGELOW. —This was a small tumor, the size of a pea, situated a little above and to the inside of the styloid process of the radius; somewhat compressible, and quite painful to the touch. It was excised, and proved to be, as was predicted, an old nævus transformed into cysts.

13. *Talipes Equinus.* By Dr. H. J. BIGELOW. —In this case, the plantar fascia alone was divided. Dr. Bigelow called attention to the fact that the os calcis, which was smaller than it should be, was already under the vertical axis of the leg, and remarked that the division of the tendo-Achillis at this time would bring the heel still further forward out of its place. He therefore restricted the operation to the division of the plantar fascia, correcting the deformity of the arch of the foot, and reserved division of the tendo-Achillis until that object should be perfectly attained.

14. *Talipes Varus.* By Dr. H. J. BIGELOW. —This child had been operated upon before, in the country, but the apparatus was obliged to be discontinued on account of ulcers produced by pressure, and no advantage was gained. The ulcers having all healed, the plantar fascia was divided.

15. *Anchylosis of Knee.* By Dr. H. J. BIGELOW. —This boy had had fracture of the femur in his lower third, which had been treated outside of the hospital. There was good strong union at the seat of fracture,

but a false ankylosis of the knee. It was now two months since he had commenced to use the leg, and during that time he had not gained any in flexing the knee, and he was brought to the hospital for treatment. He was etherized, and the joint gently and gradually flexed.

16. *Amputation of Leg.* By Dr. S. CABOT.—This man was 28 years old. A railroad accident, three hours before, had produced a compound comminuted fracture of the right foot and ankle. The leg was amputated at the junction of the middle and lower thirds, with anterior and posterior skin-flaps.

17. *Amputation of Forearm.* By Dr. S. CABOT.—This man, a brakeman, had had his hand and arm crushed by a railroad accident a few hours before. The bones were extensively fractured and all the arteries torn across, except the anterior interosseous. The arm was amputated in its middle third by anterior and posterior skin-flaps.

Reports of Medical Societies.

BOSTON SOCIETY FOR MEDICAL IMPROVEMENT.
CHARLES D. HOMANS, M.D., SECRETARY.

Nov. 11th.—Dr. JACKSON reported the following cases—the first from Dr. G. J. Arnold of Roxbury, the two next from Dr. Norton Folsom of the Insane Asylum at Taunton, and the last from Dr. P. Pineo of Hyannis.

I.—*Malformed Extremities in a Six-Months' Fetus.*—The patient was a woman suddenly in labor without any apparent cause, and was delivered in fifty-four hours. She stated that during this pregnancy she had had "a sensation in her hips as if separating; and in her right groin as if something were at times piercing through. When about two months advanced in her pregnancy she saw a girl, who has a club-foot, fall in a fit upon the sidewalk opposite her window. She expressed herself deeply affected by it, and was unable to turn away from the revolting sight. Since this time she has been quite easily disturbed by the sight of anything unusual or striking. The above data were given me voluntarily by the mother immediately after her delivery, and as a reason for her anxious inquiry if the child was *perfect*; and she is still unaware that she has borne a malformed fetus."

The fetus was sent by Dr. A., with the above history, and was exhibited to the society. The hands were of the ordinary length for the age of the subject; but

had only four fingers upon the left, and three on the right, with a slight rudiment of a fourth. They were also very strongly flexed and everted, and adhered to the fore-arms as far as the fingers. The fore-arms were about two-thirds the usual length, and seemed to contain but one bone. The arms were well developed, as was the fetus otherwise, externally—excepting, perhaps, some distortion of the feet.

At a subsequent meeting Dr. J. exhibited a skeleton of the right upper extremity, and showed that there was an ulna, but no trace of a radius.

II.—*Case of Ventral Hernia.*—The patient, a man sixty years of age, was admitted into the Lunatic Hospital, Sept. 2, 1867, and died from exhaustion Oct. 17. The digestive functions were always well performed. "Eight or ten years ago he had a severe fever, followed by extensive suppuration and ulceration in the front of the abdomen, which continued for several years. Sores also appeared on his legs, and the inguinal glands suppurated; the resulting issues persisting during life. The extensive scars from the abdominal abscesses were between the umbilicus and pubes. Three or four years ago the contents of the abdomen began to protrude between the recti muscles, below the umbilicus, and formed a tumor that steadily increased in size; the body being gradually bent or dragged forward by the pendant mass. Of late, while standing as erect as his deformity allowed, the tumor has been larger than a ham, somewhat conical, rounded, flattened above and below, with the cicatrices on the front, and the navel on the upper surface, near the base. The whole space from the pubes to just below the costal cartilages was occupied by the base, but these points were approximated by the stooping induced by the dragging of the tumor; the whole mass wagging up and down during respiration, while the wall in front, which was very thin, and consisted apparently of little but skin and peritoneum, would allow the vermiform motion of the intestines to be plainly seen. While the patient was lying down, the hernia could be partially reduced; but he was so bent from habit, that straightening was painful. The edges of the recti muscles could be felt about one-third of the way up the cone, on each side."

A photograph of the patient was sent by Dr. F. and exhibited.

III.—*"Inversion and Rupture of the Uterus in a Cow."*—A Durham cow, four years old, was delivered of her third calf on the afternoon of Nov. 11th, 1867. The pre-

vious labors were natural. She walked to the barn before the membranes were cast off, and was left there for the night. The next morning, the afterbirth, of natural appearance, was found on the floor, and a blackish-red mass, as large as a half-peck measure, oozing blood, hung from the vagina. This proved to be part of the uterus with its bleeding cotyledons, inverted and prolapsed. It was replaced with difficulty, and came down again several times in the course of the day, being forced out by almost convulsive labor-pains. While the cow remained standing, it could be retained by apparatus; but when she lay down, and the straps were slackened, it was forced out again. In the afternoon, while the expulsion was being resisted by all the force of a strong man's arm, an opening, not previously noticed, was discovered, up in the cow's interior. After this time she appeared more exhausted, and only rose once or twice. She lost in all only a moderate amount of blood. Died on the morning of the 13th, and was examined at once. The right cornu of the uterus was the one most enlarged, and was inverted, carrying with it the right Fallopian tube. It did not now protrude from the os uteri, but considerable force was required to re-invert it. In the posterior wall of the lower part of the uterus was a horizontal rent about four inches long. There was very little blood in the abdominal cavity. The odor of the parts was putrescent. No part of the afterbirth was retained, and there was no appearance as of undue adhesion."

The rupture was probably caused by the assistant.

IV. *Spontaneous Opening at the Umbilicus, in case of Ascites.*—The patient, an elderly lady, was tapped seven years ago, and about twelve gallons of fluid were removed. Accumulation gradually returned until suddenly, a few weeks ago, an opening took place, and many gallons of fluid poured forth. Syncope ensued, and the patient was thought to be dying; but when Dr. P. arrived he found her comfortable. A bandage that had been applied was continued; the opening closed, and at the date of Dr. P.'s note (Oct. 24th,) she was about the house, and very greatly relieved.

DR. WILLARD PARKER, of New York, has lately endowed a lectureship on Hygiene, in the Union Theological Seminary of that city, [to consist of three or four lectures yearly.

Bibliographical Notices.

Ligature of the Left Common Iliac Artery, being the second Operation in Ireland, and the first Successful Case of it. By WILLIAM HARGRAVE, Ex-President, Fellow and Professor of Surgery in the Royal College of Surgeons of Ireland, Surgeon to the City of Dublin Hospital, &c. &c.

THE little brochure bearing the above title deserves notice, in order to put upon record the successful termination of another example of this formidable operation. The result of operations on this vessel have been so unfavorable that, in thirty-two cases, recorded and tabulated by Dr. Smith,* but six recovered. Mr. Hargrave's patient died of other troubles seventy-three days later; but, though ultimately resulting fatally, the case was, so far as the result of the ligature was concerned, a success.

The patient, a sergeant in the Royal service, came under notice on the 20th of December, 1864, at the "City of Dublin Hospital." On examination a large pulsating tumor was seen in the left iliac fossa, immediately above Poupart's ligament and dipping into the pelvic cavity, accompanied by the usual aneurismal thrill. It was of a triangular form, from four and a half to five inches wide in the transverse diameter, the base parallel to the ligament, its apex extending to the common iliac artery. He had first noticed the trouble about six months before, after making some unusual exertion, in which time the tumor had gradually increased and was at the date of the operation still enlarging.

The large ratio of mortality after operation by ligature of the common iliac, together with the consideration of the effect liable to result from the sudden and permanent arrest of the blood naturally flowing to the lower extremity, as well as a portion of the pelvis, induced Mr. Hargrave to have recourse to every means of treatment by compression and otherwise, before resorting to the alternative of operation. The treatment by compression was commenced on the 26th of December and was continued, with much perseverance and regularity, for six weeks, the means employed being the approved compressors of the day, the conical leaden weight, digital pressure, &c. The medical treatment comprised liquor ferri pernit., sol. ferri perchlor., potass. hydriod., acet. plumbi c. opii, &c. These means all failed of producing a beneficial

* American Jour. of Med. Sciences, vol. xl., N. S.

result, and no change was noticed from the adoption of a regulated diet.

The patient being put under the influence of chloroform, the operation was performed on the 29th of April, and the artery ligated with a hempen thread about half or three-quarters of an inch above its division into the external and internal iliac. All pulsation in the aneurism immediately ceased and the tumor disappeared. The limb was then carefully enveloped in cotton wadding and flannel and the man placed in bed.

Three hours after the operation the pulse rose slightly; a slight numbness was felt in the limb, which was referred to the great toe; complained also of great aching and burning pain around the ankle joint, particularly at the external malleolus. These ill symptoms, however, disappeared the next day. On the fifth day the report was, pulse 112; no pain of limb; cedema rapidly subsiding; tumor less prominent; contents more firm; no pulsation; still of the same dimensions. On the ninth day, pulsation was detected in the aneurism, feeble, but quite evident, more so immediately above Poupart's ligament, but unaccompanied by *bruit* or vibratory thrill. From this period sensation began to appear in the foot; pain to some extent returned in the ankle, and appeared also at the upper and external part of the patella. The pulsation in the aneurism ceased on the thirteenth day after operation. On the twenty-ninth day the ligature came away, without hemorrhage, and as strong and sound as when applied; the arterial loop would admit but an ordinary sized probe. On the thirty-first day after operation the outer edge of the foot presented a deeply ecchymosed appearance, showing that the powers of the circulation were insufficient to maintain the vitality of the parts; he was immediately ordered appropriate tonics and stimulants. From the thirty-fourth to the forty-first day, he was gaining power over the entire extremity, feeling it as strong as he ever did; but anomalous symptoms occasionally were present, such as neuralgia of the rectum, occasional retention of the urine, some vomiting and the gangrene attacking the foot; while the aneurism was evidently smaller, still occasionally exhibiting pulsation, but no thrill. Up to June 13th, forty-fifth day from the operation, though expressing himself as "being quite strong and fit for walking," with full power over the toes, the foot had never recovered sensation since the operation, and the gangrene was slowly extending. Two days later, he was removed to lodgings, where for the next eight or ten

days everything promised speedy recovery, the report being "spirits good; strength returning; walks about his bedroom with crutches; retains power over the toes; line of demarcation parallel to the metatarsophalangeal articulations." On the sixteenth day, a dark red blush began to appear on the dorsum of the foot. On the sixty-seventh day, he returned to the hospital with a large abscess, presenting in the nates; the aneurism still diminishing; the contents growing more firm, but still soft at one point. He quickly ran down under the drain on the system caused by the abscess, and died, July 11th, the seventy-third day from the operation.

The *post mortem* examination revealed the following state of affairs: "The aneurismal tumor, which was soft and fluctuating to the touch, measured five inches by two and a half. The abdominal aorta presented a normal appearance as regards size; an inch above its bifurcation into the common iliacs a calcareous deposit, about the size of a four-penny piece, was seen protruding through the coats of the artery. The left common iliac artery was much smaller than the corresponding artery on the other side; there was a fibrinous clot in it just below its origin from the aorta; the vessel was severed by the ligature half an inch above the bifurcation into the internal and external iliacs. The femoral artery and vein were healthy and of the natural size; the internal epigastric somewhat enlarged; a probe, passed through it into the aneurismal sac, touched a soft fibrinous clot. The aneurism was egg-shaped, measuring five inches in length and three and three-quarters in depth. The tumor, on being laid open, for its entire extent, contained, at its superior two-thirds, a very soft, grayish, fibrinous clot, but not distending it; in the inferior third was a soft, black blood deposit, scarcely to be considered a coagulum. The aneurism communicated with the external iliac vein by a well-defined, oval opening of about one-quarter of an inch in diameter, situated a little below the middle of the tumor, on its internal and posterior aspect. The epigastric, slightly enlarged, could be traced backward to the same opening, the arterio-venous on the internal and posterior part of the aneurism, and seemed to form, prior to its communication with the aneurism, a small cavity capable of containing a bean, which was filled with dark blood. The disease was thus shown not to be a true aneurism, but rather aneurismal varix or arterio-venous aneurism, affecting the femoral vessels—being a primitive disease, the

result of thinning of their coats, and presenting a well-marked complication of the direct communication between the artery and the vein, and still more complicated by the direct entrance of the epigastric artery into the inferior part of the aneurism."

If the final, entire recovery of the patient be the criterion of successful surgery, Mr. Hargrave's case was not a success; but if we reflect in the first place, that the man was carried off in consequence of extensive suppurative disease in the pelvis, which, though subsequent to, was not necessarily consequent on the operation—and in the second place, that the operation itself, successfully performed, resulted fully and perfectly in the closure and separation of the artery, we shall certainly be justified in according to the author the title which he claims, "a successful case," and we agree in the opinion expressed by him, "from the time of the application of the ligature feeble efforts were made to form a fibrinous deposit at the superior part of the tumor, while the slightly enlarged epigastric, by the collateral circulation, fed the inferior part of the aneurism with blood, which, twenty hours after death, presented an unadhesive clot and some in a fluid state. Still, from the appearances presented in the aneurism, though gangrene had attacked the foot as high as the tarsus, which was being arrested by a well-defined line of separation, I am strongly inclined to the opinion this patient would have permanently recovered, with the partial loss of his foot, but for the formation of a very large pelvic abscess, which came on in a few days. . . . The only solution presented to me for explaining this occurrence is that the blood was below par, consequently more liable to be affected by debilitating causes, such as purulent absorption, and thus end in the extensive pyæmia and gangrenous abscess, which caused his death. B.

MORTALITY AFTER AMPUTATION OF THE THIGH.
—M. Hussan, in publishing the statistics of the Hospitals of Paris, embracing the returns of 100,000 patients, gives the following results of amputation of the thigh: In 1861, 42 amputations, and only 7 recoveries; a mortality of 83.33 per cent. In 1862, 40 amputations, and 19 recoveries; a mortality of 52.50 per cent. In 1863, 40 amputations, and 15 recoveries; a mortality of 62.50 per cent. Average mortality for three years, 66.11 per cent., or 41 recoveries in 122 operations.

Medical and Surgical Journal.

BOSTON: THURSDAY, FEBRUARY 6, 1868.

JUST forty years ago—in February, 1828—Drs. JOHN C. WARREN, WALTER CHANNING and JOHN WARE commenced the publication of the BOSTON MEDICAL AND SURGICAL JOURNAL. They had edited, and were proprietors of, the New England Quarterly Journal of Medicine and Surgery since 1812. During the latter part of this time they had a rival medical periodical in the field—the Boston Medical Intelligencer, the first and for many years the only medical weekly in the country. It was a small quarto of four pages, was commenced in 1823 by Dr. J. V. C. SMITH, was edited by him, and JOHN COTTON was the proprietor and publisher. During the last year of its publication, it was in the hands of Dr. JOHN G. COFFIN.

A union of these two journals formed the commencement of our present publication at the time above stated. Drs. Warren, Channing and Ware were proprietors and editors of the new medical journal for one year only, at the end of which time Mr. Cotton again became the proprietor, and they withdrew from the editorship. Of the three Editors first mentioned above, one in a green old age still survives—Dr. Walter Channing—whose interest in the profession is still as lively, and his sympathy with every form of suffering as deep, as when he first formed one of a trio of names since become illustrious in the ranks of the profession. In 1834, the work passed into the hands of the present senior publisher and proprietor, and was edited by Dr. J. V. C. Smith, who continued his connection with it till after his elevation to the mayoralty of the city of Boston.

With the trifling exception of three months' priority claimed by the American Journal of the Medical Sciences, the Boston Medical and Surgical Journal is the oldest one in the United States now published, and during most of the time since its commencement has been the only periodical exponent of the regular faculty in New England.

On looking back through this series of

forty years, most interesting reminiscences of the history of our profession crowd upon the mind. The various editors of the JOURNAL pass in review, together with numerous valued contributors in all parts of the country, a large proportion of whom have now passed away. In its early numbers we find much in its arrangement that we shall endeavor to imitate. It contained Original Communications, Hospital Reports, Selected Papers, an account of Medical Societies, Critical Notices, News and Mortuary Returns.

It can hardly be deemed surprising that the publishers of the JOURNAL should look upon any change in its form and contents with something like hesitation and dislike. Yet, believing that the times demand some show of progress, they cannot delay longer in making a change for several years contemplated; and in presenting the JOURNAL in its new dress to the medical public, it is hoped that it will be still welcomed as an old friend. In its present form, it will contain about one fifth more matter than before, and will conform somewhat in shape and appearance to the best modern specimens of hebdomadal literature.

Since the day when the first number of the JOURNAL was issued, the population of Boston has increased four-fold. Then it comprised within its limits about fifty thousand souls; and the Massachusetts General Hospital and the Boston Dispensary, both then in their infancy, were the only charitable medical institutions in the vicinity. The Harvard Medical School, with few professorial chairs and limited classes, was struggling for existence. Now, Boston with its newly acquired territory has a population of nigh a quarter of a million, besides its populous suburban towns and proximate dependencies. Three large hospitals—the Massachusetts General, the City, and the Marine; several lesser ones, as the Carney, the Naval, and the charitable institutions at Deer Island; two Asylums for the Insane, one for the Blind, and one for Idiots; as also the new and greatly enlarged Dispensary, and the Massachusetts Charitable Eye and Ear Infirmary, combine to furnish about one thousand beds for the sick, and to treat, as out-patients, no less than forty thousand

applicants a year. A number of sick, equal to the whole population of the city when this JOURNAL was started, now offer facilities for clinical study and instruction every year. It will be very much to our shame and discredit, if from these greatly enlarged opportunities our JOURNAL does not derive enough of interest to render it of greater value to the profession than ever before.

The present Editor solicits original communications from all reputable sources; and while he reserves an absolute power of selection, he promises early attention and acknowledgment to all contributors. It will be his endeavor to give ample space and prominence to hospital reports and clinical cases; to select and condense from current European and American medical literature whatever is new and of general interest; to furnish reports of various medical societies as fully as may be permitted; to review with impartiality new medical works; to give a weekly abstract of medical news, of hospital visits, clinics and expected operations; and to answer, or acknowledge, in each number, all communications and publications received. Whether he succeed or fail in his undertaking, will depend not more upon himself than upon the support of his professional brethren, and his friends.

IS PHTHISIS A SYPHILITIC DISEASE?—We take the following from a letter in the *London Medical Times and Gazette*, in which the writer seeks to refute the theory, previously advanced in the same journal by Dr. F. Jordan, that phthisis is always the result of syphilis. The writer says, "The relations by which he seeks to trace the parentage of this disease back to syphilis, are very interesting, and very ably brought out, but scarcely, I think, warrant the all important conclusion he draws from them. I write to suggest one difficulty in the way of this conclusion (and it is only one among many), which appears to me to be absolutely fatal to it. Monkeys, it is well known, are not only, like man, subject to phthisis, but, as Reynaud long ago showed, they exhibit the disease in a much more virulent form than men generally do. I have myself known nearly the whole of a large collection swept off by phthisis in the course of a few months. Among the victims, a large proportion were fresh from their native

woods. Phthisis is, in Europe at least, their one great scourge. On the other hand, there has never been a suspicion, I believe, that these animals, although very immoral, ever have the venereal; unless, indeed, they have a syphilis of their own, it is not even conceivable that they should ever contract it. But if this be so, if creatures that are more subject to phthisis than any others are entirely exempt from syphilis, how can this last disease be in any way, whether directly or indirectly, the parent of the first?"

M. Berard, Professor of Chemistry at the Faculty of Medicine, on the completion of his fiftieth year of professorship has received the Cross of Knight Commander of the Legion of Honor. M. Michel Levy, professor at the Val de Grace, has been nominated Grand Officer of the Legion of Honor. M. Nélaton is the only other member of the medical profession in France who enjoys this dignity. In Austria, Rokitansky has been promoted to the High Chamber, and in Italy the newly elected President of the Lower House, M. Lanza, is a medical man.

NEW ALKALOID OF OPIUM.—Messrs. T. & H. Smith have discovered a new alkaloid of opium, making the tenth now known, which has received the name of Cryptopianine. The alkaloid was separated by a very complex process from Thebaine, with which it at first formed a double salt. It is distinguished from the other alkaloids of opium by its different behaviour with reagents. Without color or odor, it has a bitter taste and leaves a sensation of cold on the tongue and palate. Like morphaine, codeine and thebaine, it forms crystallizable salts with various acids. These salts possess a property very rare in alkaloids, i. e. according to the quantity of water they are dissolved in, they crystallize or form a semi-transparent jelly. The crystals take the form of very slender, isolated, prismatic needles, masses in shape like cauliflowers or silky flakes. Only 150 grammes were obtained from four or five tons of opium. Its therapeutical properties have not been investigated.—*Abstract from Journal de Chimie.*

SURGICAL INSTRUMENTS FROM POMPEII.—M. Scoutettin has, by permission of the Italian Government, obtained photographic representations of the different surgical instruments found at Herculaneum and Pompeii. There are more than 300 of these instruments, but only about 60 of dissimilar kinds.

MEDICAL DIARY OF THE WEEK.

MONDAY, 8, A.M., Massachusetts General Hospital, Med. Clinic; 9, A.M., Medical Lecture. 9, A.M., City Hospital, Ophthalmic Clinic.
TUESDAY, 9, A.M., City Hospital, Medical Clinic; 10, A.M., Medical Lecture. 9 to 11, A.M., Boston Dispensary. 12, M., Massachusetts Eye and Ear Infirmary.
WEDNESDAY, Massachusetts General Hospital, Surgical Clinic. 9, A.M., City Hospital, Ophthalmic Clinic. 9, A.M., Chelsea Marine Hospital.
THURSDAY, 8 and 9, A.M., Massachusetts Gen. Hospital, Medical Clinic and Lecture. 11, A.M., Massachusetts Eye and Ear Infirmary.
FRIDAY, 9, A.M., City Hospital, Ophthalmic Clinic; 10, A.M., Surgical Visit; 11, A.M., OPERATIONS. 9 to 11, A.M., Boston Dispensary.
SATURDAY, 10, A.M., Massachusetts General Hospital, Surgical Visit; 11, A.M., OPERATIONS.

A Bulletin of Expected Operations, in both the Hospitals, will be found, weekly, at the office of the Boston Medical and Surgical Journal, and at Messrs. Codman & Shurtleff's, 13 Tremont Row.

ERRATUM.—In the issue of the 30th ult., on page 538, foot-note, for Dr. "Crane" read Dr. Greene.

THE arrangement for the delivery of the JOURNAL through the Post-office to subscribers in Boston, which it was thought last week could be made, it has been found cannot be done, the authorities at Washington still adhering to the interpretation of the Post-office laws by which papers published in Boston are not considered mailable matter here, and therefore cannot be delivered to Boston subscribers on as favorable terms as papers coming by mail from other places. Subscribers having boxes at the Post-office can receive the JOURNAL through them free of expense; others will have them sent as heretofore.

The Title page and Index of Vol. Lxvii. of the JOURNAL will be sent to subscribers as soon as printed.

This No. of the JOURNAL is sent to many physicians in various parts of the country who are not subscribers. The orders of those among them who wish to subscribe shall be promptly attended to.

TO CORRESPONDENTS.—Communications accepted:—Unusual Obstetric Cases; On New Surgical Instruments; Review of Toynbee on the Ear; Cases of Malignant Pustule; Report of the Norfolk District Medical Society; Report of the Springfield Society for Medical Improvement; A Case of Tetanus: On the Study of Insanity; On a New Use of Bromide of Potassium; A Case of Graves's Disease; A Case of Criminal Abortion; Remarks on Population (translation). Declined:—On the Tactile Sense.

PAMPHLETS RECEIVED.—Ambulance and Sanitary Material. Forming part of a Report on Class XI. Group II., Paris Exposition, 1867. Prepared by W. Evans, M.D., Member of the Jury of the Universal Exposition (Class XI.), U. S. Commissioner, &c.—Twentieth Annual Report of the Trustees of the Massachusetts School for Idiotic and Feeble-minded Youth. October, 1867.—

DEATHS IN BOSTON for the week ending Saturday noon, February 1st, 1868, 94. Males, 56—Females, 38. Abscess, 1—accident, 2—inflammation of the bowels, 2—disease of the brain, 1—inflammation of the brain, 2—bronchitis, 2—cholera infantum, 1—consumption, 11—convulsions, 4—debility, 2—diarrhea, 1—diphtheria, 1—dropsy of the brain, 3—erysipelas, 1—exposure, 1—congestive fever, 1—scarlet fever, 16—typhoid fever, 2—disease of the heart, 5—disease of the kidneys, 2—congestion of the lungs, 1—inflammation of the lungs, 8—marasmus, 2—measles, 1—old age, 3—paralysis, 3—puerperal disease, 1—scrofula, 1—smallpox, 2—disease of the spine, 1—suicide, 2—unknown, 8.

Under 5 years of age, 36—between 5 and 20 years, 16—between 20 and 40 years, 19—between 40 and 60 years, 12—above 60 years, 11. Born in the United States, 64—Ireland, 22—other places, 8.

Selections and Medical Items.

COMPARATIVE SAFETY OF ETHER AND CHLOROFORM.—Some discussion having arisen, a while ago, concerning deaths after etherization, the Medical Society of Lyons, the only city in Europe in which etherization is exclusively resorted to in preference to chloroform, appointed a Committee to examine into the question. The following conclusions were arrived at.

1. That since 1847, only seven duly authenticated and detailed cases of death can be reasonably attributed to the use of ether.

2. All these cases cannot be laid in the same degree to the charge of this agent.

3. Three of them, relating to patients the subjects of great traumatic injuries, are especially questionable.

4. Of the seven cases, five relate to patients severely attacked (*profondement atteints*), and the two others were patients in special conditions—pregnancy in the one, and hystero-neuropathy in the other.

5. In none of these cases was the death so sudden as it often is from chloroform.

6. Ether may indeed cause death, but it is far less dangerous than chloroform.—*Gazette Médicale de Lyon*.

NOTE.—We have yet to learn of the first death from ether in this country.—**EDITOR.**

DEATH OF M. FLOURENS.—This distinguished physiologist has died at the age of 75. His experimental examination of the functions of the brain and medulla oblongata, and his researches on the growth of bone are well known and form his chief title to fame. He was born at Beziers in the south of France in 1791, and took his medical degree at the age of 19. He went to Paris, and through the influence of Geoffroy St. Hilaire and Cuvier obtained a professorship of Comparative Physiology at the Jardin des Plantes, and a chair at the Collège de France. He was chosen a member of the Academy of Sciences in 1827, and in 1840 was elected one of the forty members of the French Academy, where M. Claude Bernard is spoken of as his probable successor.—*Edinburgh Medical Journal*.

THE *Société Impériale de Chirurgie* has elected the distinguished ophthalmic Surgeon, von Graefe, of Berlin, as Foreign Associate Member, to fill the place left vacant by the death of Sir William Lawrence.

EFFECTS OF THE LOCAL USE OF MERCURY WITH INTERNAL ADMINISTRATION OF IODIDE OF POTASSIUM.—In the *Gazette des Hôpitaux* we find it stated that mercurials externally applied, at the same time that iodide of potassium is given, sometimes cause local blistering, &c., through a reaction taking place between them. A case is narrated, and others are referred to, in which the insufflation of powdered calomel for pustular conjunctivitis, while iodide of potassium was being administered internally, gave rise to sharp attacks of conjunctivitis; even an eschar of the conjunctiva may be caused.

NON-STRiated MUSCLES CONNECTED WITH THE APPARATUS OF VISION.—Independently of the ciliary muscle which is situated in the interior of the eye, and the situation and functions of which are well known, M. Sappey describes four muscles: the first belongs to the upper lid and is attached by its two extremities to the circumference of the base of the orbit, whence the name of orbopalpebral muscle. Two others correspond to the tendinous fasciculi by which the orbital aponeurosis is attached to the walls of this cavity; these are the internal and external orbital muscles. The last occupies the whole extent of the sphenomaxillary fissure; this is the inferior orbital muscle.—*Archives Générales*.

TREATMENT OF CATARRHAL DEAFNESS BY MEANS OF COMPRESSED AIR.—We take the conclusions reached by Dr. Prayaz in a memoir read by him before the Medical Society of Lyons, from the *Archives Générales*. First: compressed air may be substituted advantageously for ordinary catheterism, especially in children and nervous persons. Second: It acts mechanically in the treatment of catarrhal deafness by clearing the tube, removing mucus from the drum and regulating the circulation in the mucous membrane affected with chronic congestion. Third: It acts dynamically, primarily as a natural modifier of the mucous membrane of the middle ear, secondarily as a general modifier of the economy.

DR. CROS, in a paper read before the French Academy of Medicine, states: "Pulmonary phthisis never arises, never is developed in the human organism, unless this organism has presented for months or years most evident signs of organic disturbances, belonging to the order of changes which I have placed under the title of de-coördination; that which has been considered as the commencement of phthisis is only the consequence and the end of a disease already of long standing." (The author calls power of organic coördination every principle which maintains the existence of a living form, which has presided at its origin and regulates its predetermined evolution.) Thus, according to Dr. Cros, pulmonary phthisis never appears unless the organism has been for a long time affected by the form of de-coördination characterized by swelling of the spleen (splenic de-coördination); unless the free working of the respiratory organs has been long impeded by a total of material causes, the most important of which is abnormal elevation of the diaphragm caused generally by increased volume of the liver. To these anatomical changes the dyspnoea considered by all authors as one of the symptoms of the first degree of phthisis should be attributed.—*Archives Générales*.

POSITION IN THE REDUCTION OF INGUINAL HERNIA.—Dr. Bond, of Nova Scotia, writes to the *London Medical Times and Gazette*, that he has never failed in the reduction of inguinal hernia when the patient stood erect, even after previous long continued, but unsuccessful attempts in a recumbent position. His attention was first called to this position by having a patient who was unable to reduce his own hernia except when standing. Dr. Bond offers no theory on the subject, but states that it is not on account of the erect position causing syncope.